

suse they meet all Yes No X	r liabilities of a spouse or your dependent child becan	sarned" income, transactions, o	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
you excluded from Yes No X	ther "excepted trusts" need not be disclosed. Have you excluded from	nmittee on Ethics and certain of tent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be this report details of such a trust that benefits you, your spouse, or dependent child?
ion, please contact Yes No X	porting period? If you answered "yes" to this question, please contact	tial Public Offering during the re	IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answere the Committee on Ethics for further guidance.
THESE QUESTIONS	ORMATION - ANSWER EACH OF	NT, OR TRUST INFORMATION	IPO AND EXCLUSION OF SPOUSE, DEPENDENT,
ESPONDING SCHEDULE IF YOU ANSWER "YES"	E CORRI	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
ition to charity in Yes No No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
d receive any aling more than Yes No No Norting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
d receive any Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No X	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
angement with an Yes X No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	Did you, your spouse, or your dependent child:     Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     B. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
1000000		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
ition:	Termination Date of Termination:	Amendment	REPORT 2017 Annual (Due: May 15, 2018)
Staff Filer Type: (If Applicable) Shared Principal Assistant	Officer or Employing Office:	22 CA	FILER Member of the U.S. State: STATUS House of Representatives District:
A \$200 penaity shall be assessed against any Individual who files more than 30 days late.	Daytime Telephone: 202-225-5256 A\$	Daytime Telep	Name: Grace F. Napolitano
U.S. HÖÜSE OF REPRESENTATIVES	J.S.		
LEGISLATIVE RESOURCE CENTER  18 MAY 10 AM 11: 24	Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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California Robic Explose	Ford Petricument	beneial Coali	Asidents! Expert CA	San Portagio TX	The Girls - Novelk, CA	ABC Hedge Fund X	Examples Simon & Schuster	SP Mage Carp Stock BF	more than \$1,000 in interest bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., nental property, and a city and state.  For an ownership interest in a privately-held business that is not publicly traded state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence including second homes and vacuation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal retrement program, including the Thirth Savings Plain if you report a privately-traded fund that is an Excepted investment Fund, please check the "Elf-box" if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or pointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5.000 let over floavist in other when them is	BLOCK A  Assets and/or income Sources Identify (a) each asset held for investment or production of income and of the reporting broad, and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the surround that exceeds the resortion thresholds.
X	X	X	X	×		×	ndeinie	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$50,000 \$250,001-\$500,000 \$500,001-\$100,000 \$1000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	A B C D E F G H I J K L м	BLOCK B  Value of Asset  Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used in the reporting period and is included only fill an asset was sold during the reporting period and is included only because it generated moome, the value should be None.  **Column M is for assets held by your spouse or dependent child in which if you have no interest.
X	×	X	X 	<b>×</b>	Jamely	Parinership	Noyamea	×	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTEOBLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. For accounts that generate tax-deferred recome (such as 401(k), IRA, or 529 accounts), but may check the Tax-Deferred column. Dividentels, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None if the asset generated no income during the reporting period
X	X	X	X	×	×	×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2;500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$10,000 \$100,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$2,000,000	II III II V V VI IIIV IIV III VI VI III III II	BLOCK D  Amount of Income  Amount of Income  If or assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all other assets indicate the Category of income by checking the appropriate box below.  Dividentels, internet, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child in which you have no interest
								S(part)	\$1,000 \$1,000 P, S, S(part), or E	Leave this column blank if there are no transactions	Transaction Indicate if the asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 in the reporting period If only a portion of an asset was sold please indicate soldene (S (part))

Use additional sheets if more space is required.

		Assets an
		BLOCK A Assets and/or Income Sources
		\$
	Mone	>
<u></u>	\$1-\$1,000	
	\$1,001-\$15,000	
		0
	\$15,001-\$50,000 \$50,001-\$100,000	0
	\$100.001-\$250,000	F Vair B
	\$250.001-\$500,000	BLOCK B Value of Asset
	\$500.001-\$1,000.000	<u> </u>
	\$1,000,001-\$5,000,000	
	\$5,000,001-\$25,000,000	_
	\$25,000.001-\$50.000,000	<del></del>
	Over \$50,000,000	_
	Spouse/DC Asset over \$1,000.000*	E
	NONE	
	DIVIDENDS	
	RENT	
	INTEREST	<b> </b>
	CAPITAL GAINS	
	EXCEPTED/BLIND TRUST	BLOCK C
	TAX-DEFERRED	BLOCK C
ncome)	Other Type of thcome (Specify: e.g., Partnership Income or Farm Income)	
	None	-
	\$1.5200	=
	\$201-\$1,000	=
	\$1,001-\$2,500	₹ >
	\$2,501-\$5,000	< 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	\$5,001-\$15,000	Amount of income
	\$15,001-\$50,000	\$ C C C
	\$50,001-\$100,000	Y COM
	\$100.001-\$1,000.000	₹ 9
	\$1,900,001-\$5,000,000	×
	Over \$5,000,000	×
000-	Spouse/DC Asset with Income over \$1,000,000*	폴
		Transaction

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: Grace F. Napolitano

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## SCHEDULE C - EARNED INCOME

Name:
" Grace F.
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

					Juited States Knillroad	California Rublic Employee Retirement System	Ford Retirement Plan	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
					Spouse Pension	Persion	Pension	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	ensated at or above the "senior staff" a fiduciary relationship) are totally prof
			6 9		\$ 1866.00	\$ 6880. oo	\$10,657.00	\$1,000 N/A	\$6,000 \$18,000	Amount	at or above the "senior staff" rate was \$27,765. The 2018 limit is any relationship) are totally prohibited.

#### SCHEDULE D - LIABILITIES

Name: Grace F. Mago litamo Page 5 of

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held solely by your spouse or dependent child.

					$\{\ \}$	$  \  $	Į <sub>≩</sub>	ount	101		Amount of Liability	f Liability	f Liability
		J 18		>		C .	ь		ID.	TTS		m	<b>n</b>
S.S.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000 \$15.001-	\$50,000 \$50,001-	\$100,000	\$100,001- \$250,000	#0F0 0C+	\$250,001- \$500,000		\$500,000 \$500,001-	\$500,000 \$500,001- \$1,000,000 \$1,000,001-	\$500,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,000
	Example First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE				×	$\vdash$					
	Bank of America	4/2008	Monthly on 4-Plex				$\triangle$						
	LA Figureial Condit Union	10/2010	Mortgage on Hone										
_	To the state of th		TOP TO BE COLUMN .			_	- 1	_		_			

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social fraternal or collitical entities (such as notifical narrice and campaign or manifestories) and programme entance.

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Junbost York Acrosly Foundation	Hoverlay Board
National Courd York Fundation	Honory Board
National Action Alliance for Suicide Prevention	Executive Committee
Congressional Hispanic Cancus Institute	Board of Directors
Name of Organization	Position
Neld In any religious, social, maternal, or pointical entries (such as pointical pariets and campaign organizations), and positions socially organizations.	neid in any religious, social, maternal, or postical entities (su

### SCHEDULE F - AGREEMENTS

Name: Crace F. Nopoli tano Page 6 <u>`</u>⊆ σ

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12/1992	Myself and Ford	Pension Plan Participation
1)1993	Myself and California Cholic Employee	Pensian Plan Participation
6/1993	Sporse and United States Railroad	Pension Plan Participation
		•

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal triendship received from the Committee on Ethics)	\$400
			-